

DANGEROUS DRUGS ACT [CHAPTER 15:02]

APPLICATION FOR ISSUE OF A LICENCE TO A PERSON TO ACQUIRE, POSSESS AND ADMINISTER DANGEROUS DRUGS.

(To be submitted in duplicate)

- 1. Full names
2. Date and place of birth
3. Qualifications
4. Registration number with the Health Professions Council, if applicable (A copy of the registration certificate and the current practising certificate must accompany this application).

(Number of Practising Certificate with the Health Professions Council, if applicable)

- 5. Address (Home)
(Business).....
(e-mail).....

- 6. Telephone number (Home & Business)
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- 7. Present place of employment
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- 8. Position of applicant at place of employment (e.g. owner, manager, etc.)
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- 9. Have you been convicted of any offence relating to drugs? YES/NO*
If Yes state details

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Date Signature of applicant

Signature of applicant

